



Name: _____ Birth Date: _____
Last / Family / Surname First / Given Day / Month / Year

Address: _____ Initial _____

City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____ Referred by: _____

Occupation: _____

<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> Single	
<input type="checkbox"/> Married	

Emergency Contact: _____



Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____



How did you hear about our scuba courses or our dive center?

Internet Friend/Family member Have you ever participated in any diving activities?

Yellow Pages Other _____ Where? _____
 When? _____

What additional SDI courses interest you? _____

- Advanced Diver
- Rescue Diver
- Master Scuba Diver
- Divemaster
- Assistant Instructor
- Instructor

- Advanced Adventure Diver
- Advanced Buoyancy
- Altitude Diver
- Boat Diver
- Computer Diver
- Computer Nitrox Diver
- Deep Diver
- Drift Diver
- DPV Diver
- Dry Suit Diver
- Equipment Specialist
- Full Face Mask Diver
- Ice Diver
- Marine Ecosystems Awareness
- Night/ Limited Visibility Diver
- Research Diver
- Search & Recovery Diver
- Shore/Beach Diver
- Solo Diver
- Underwater Hunter & Collector



- What dive destinations interest you?** _____
- Australia
 - Hawaii
 - US East Coast
 - Bahamas
 - Mexico
 - US West Coast
 - Berrmuda
 - Micronesia
 - Other _____
 - Canada
 - New Zealand
 - Red Sea
 - Caribbean
 - Florida



Diver Training Record

Course: _____	Instructor Name _____	SDI Inst # _____
Certificate Date: _____ / _____ / _____	Day / Month / Year	
Course: _____	Instructor Name _____	SDI Inst # _____
Certificate Date: _____ / _____ / _____	Day / Month / Year	
Course: _____	Instructor Name _____	SDI Inst # _____
Certificate Date: _____ / _____ / _____	Day / Month / Year	
Course: _____	Instructor Name _____	SDI Inst # _____
Certificate Date: _____ / _____ / _____	Day / Month / Year	
Course: _____	Instructor Name _____	SDI Inst # _____
Certificate Date: _____ / _____ / _____	Day / Month / Year	